Please type a plus sign (+) inside this box   Under the Paperwork Reduction Act of 1995, no persons a valid OMB control number.	Patent and Trademark Office; U.S.	PTO/SB/01 (12-97) through 9/30/00. OMB 0651-0032 DEPARTMENT OF COMMERCE of information unless it contains				
	Attorney Docket Number	J-9901-US				
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	HAM, Pierre				
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number					
UNSIGNED	Filing Date					
□ Declaration     □ Declaration     Submitted OR Submitted after Initial	Group Art Unit					
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name					

My residence, post office address, and citizenship are as stated below next to my name.

	irst and sole inventor (if only the subject matter which is d								
1	UIT REPLACEABI	LE OUTER S	UPPORT	STRU	CTURE				
the specification of which is attached hereto	(Titl	e of the Invention)							
OR was filed on (MM/DI	DMM)	as	United Sta	tes Applica	tion Number or F	PCT International			
Application Number	and wa	as amended on (MM	/DD/YYYY			(if applicable).			
amended by any amendmen	viewed and understand the co at specifically referred to about sclose information which is m	re.			-	aims, as			
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing D (MM/DD/YYYY		Priority t Claimed	Certified C	opy Attached? NO			
		,		0000	0000	0000			
Additional foreign applicat	ion numbers are listed on a s	supplemental priority	data sheet	PTO/SB/02	B attached here	o:			
I hereby claim the benefit ur	nder 35 U.S.C. 119(e) of any	United States provisi	onal applic	tion(s) liste	d below.				
Application Number	s) Filing Date	(MM/DD/YYYY)	$\dashv$ ,	☐ Additi	onal provision	al application			

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Informa tion Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

	PTO/SB/01 (12-97)
Please type a plus sign (+) inside this box ->	. Approved for use through 9/30/00. OMB 0651-0032
	Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
I Inder the Penerurak Reduction Act of 1995	no persons are required to respond to a collection of information unless it contains

DECLA	KATIO	<u> </u>	<u> – Otilii</u>	Ly	OI L	<u>Jesig</u>	n Pau	; iii /	<u> </u>	Jiicati	<u> </u>
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disc United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the United States or PCT international application is not disc losed in the prior e duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application.											
U.S. Parent Application or PCT Parent							Filing Date		Pare	ent Patent N	
	Numb	er				(MM/E	D/YYYY)	<del> </del>		(if applicat	ne)
								1		·	
Additional U.S. or	PCT international	apolicati	ion numbers	are list	ed on a :	supplementa	l priority data s	heet PTC	)/SB/02	B attached h	ereto.
As a named inventor, I	nereby appoint the	followin									in the Patent
and Trademark Office of	onnected therewith	p:	Customer N OR			am a fragists	ation number lis	and below	•	Place Cust Number Bar Label he	Code
Non	<u>.                                    </u>	لبا	Reg	gistrati	ion	amerregisu	Nar				stration mber
BARRY L. (			20,2	lumbe '/ O				-		-   -	
DARRI L. (	LAKK		20,2	43		- 1					
Additional registere	d practitioner(s) n	amed or	n supplement	al Regi	istered P	ractitioner I	nformation shee	t PTO/SI	3/02C a	attached her	eto.
Direct all correspond	lence to: 🔲	Custom	ner Number				00	₩ c		ondence add	roce bolow
			Code Labe			· · · · · · · · · · · · · · · · · · ·	OK	<u>~~~</u>	onesp	ondence add	less below
Name Bar	ry L. Cl	ark									
Address 175	9 We-Go	Trai	.1								
Address Dec	erfield					State IL ZI			60015-4611		
City USA	1	-	Telept	2000	847				847	/945-19	05
I hereby declare that a		le herei									
believed to be true; an punishable by fine or in application or any pater	d further that the mprisonment, or t	se state	ments were	made 1	with the	knowledge	that willful fals	e statem	ents ar	nd the like s	o made are idity of the
Name of Sole or	First Invento	r:				☐ A peti	tion has beer	filed fo	r this (	unsigned inve	ntor
Given Na	me (first and m	iddle [i	f any])				Fami	y Name	LOT SU	mame	
Pie	erre					HAM					
Inventor's Signature										Date	
Residence: City	BOUGIVAL State					Country FRANCE			Citizenship	FR	
Post Office Address	14 Doma	ine	de la	Jone	cher	e					
Post Office Address											
city BOUGIVAL		State			ZIP	783	80	Cou	ntry	FRANCE	
Additional invento	ors are being na	amed o	n the 1	supple	ementa	Additiona	I Inventor(s)	sheet(s)	PTO	/SB/02A attac	hed hereto

Please type a plus sign (+) inside this box	<b>→</b>	+	
---	----------	---	--

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

## **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:						nis unsiç	gned in	ventor			
Given Name (first and middle [if any])				Family Name or Sumame							
A	lain			BLANCHON							
Inventor's Signature							Date				
Residence: City	NOISY LE ROI	State			Country	FRANCE	Citizens	ship	FR		
Post Office Address	12 Rue Jacques Bossuet										
Post Office Address											
City	NOISY LE ROI	State			ZIP	78590	Country	, FRA	NCE		
Name of Addition	nal Joint Inventor, if a	ıny:			A petitio	n has been file	ed for th	nis unsig	ned in	ventor	
Given Na	me (first and middle [if an	y])		$\bot$		Family Na	ne or S	Sumame	)		
P	hilippe				LAVERNHE						
Inventor's Signature									Date		
Residence: City	POITIERS	State			Country	FRANCE		Citize	nship	FR	
Post Office Address	4 rue St Hila	ire									
Post Office Address											
City	POITIERS State				ZIP	86000 Country			FRANCE		
Name of Addition	nal Joint Inventor, if a	ny:			A petitio	n has been file	d for th	nis unsig	med in	ventor	
Given Na	me (first and middle [if an	y])				Family Nar	ne or S	Sumame			
Н	Hossein NADERI										
Inventor's Signature									Date		
Residence: City	POITIERS	State			Country FRANCE			Citizenship		FR	
Post Office Address	26 Route de No	uaill	e								
Post Office Address											
City	POITIERS		ZIP 86000 Country			ountry	FRANCE				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chlef Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.